

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581658

FILING DATE

12 FEB 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/					51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9	/						59						
10	/						60						
11	/						61						
12	/						62						
13	/						63						
14	/						64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19	/						69						
20	/						70						
21	/						71						
22	/						72						
23	/						73						
24	/						74						
25	/						75						
26	/						76						
27	/						77						
28	/						78						
29	/						79						
30	/						80						
31	/						81						
32	/						82						
33	/						83						
34	/						84						
35	/						85						
36	/						86						
37	/						87						
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6												
TOTAL DEP.	40												
TOTAL CLAIMS	46												